

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Cornelius Mayfield

#55961-039

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 5:20-cv-00160
(Number to be assigned by Court)

- ① Warden Young,
- ② Nurse/Pharmacist Mr. Shifflet
- ③ Nurse ^{Mr.} Rose
- ④ Other Medical Personnels unknown

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____ No ✓

B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district; if state court, name the county);

3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

FCI Beckley
P.O. Box 350

II. Place of Present Confinement: Beaver, WV 25813

A. Is there a prisoner grievance procedure in this institution?

Yes ✓ No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes ✓ No _____

C. If you answer is YES:

1. What steps did you take? I Exhausted All

Remedies

2. What was the result? No Response,

on 10

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Cornelius Mayfield # 55961-039
→ FCI Beckley
Address: P.O. Box 350
Beaver, WV 25813

B. Additional Plaintiff(s) and Address(es): _____

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: Warden Young

is employed as: Warden of FCI Beckley
at FCI Beckley

D. Additional defendants: Nurse/Pharmacist -

Mr. Shifflet, ~~1~~ Nurse Mr. Rose,
Other Medical Personnels UNKNOWN

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

① My Constitutional Rights was violated
8th Amendment Cruel and unusual punishment
(Estelle vs Gamble)

② And I Have Been Threaten and Coerced
to Sign Things.. Signed out of Fear
For my freedom...

"Next Page see"
"Attachment"

Time: From 10:00AM to 12:00PM
From 1:00PM to 3:00 PM

Statement of Claim

Now comes Plaintiff Cornelius Mayfield, At which time I returned to my unit and took the medicine per my usual routine. (all 4 pills) While attending the noon meal. The Nurse/Pharmacist Mr. Shifflet went to my unit and to my cell. At which time he went into my locker box and took the medicine which ~~she~~ gave me back! I was told to return to Medical by my unit officer "Carroll." He ask me did I take any of the med I stated yes one of each. Upon returning to Medical I was informed by Nurse/Pharmacist Shifflet that I had been given another inmate's medicines. And if I felt funny or dizzy to notify medical so that they could keep an eye on me. Then "Shifflet" gave me my proper medicine. At which time I was told to return to my unit!

After leaving medical I proceeded to the library at which time I thought to take my original meds. After about 30-45 minutes I began to have chest pains and difficulty with breathing. I informed staff (H James) of my issue and she sent me over to medical.

I was given an EKG by "Rose" at which time he said it was normal and I may have been experiencing problems due to pollen outside! I returned to my unit stop at inmate Nelson's cell to catch my breath. All of a sudden I got extremely dizzy and couldn't catch my breath. I fell out somehow and Nelson went and got the unit officer. He informed Medical Staff they came to the unit and took me to the Medical. Once inside they took my vitals. Officer Rose left momentarily to speak with Shifflet they had a heated exchange. Rose returned to the exam room where I was waiting. And told me to stand-up tuck in my shirt and don't say shit else about this incident if I want to continue RDAP and get my year off! Then I need to get the Fuck Out and go back to my unit.

The next morning I called to further explain the situation to my step mother. After our phone conversation I was called into DTS Allan's office! He questioned me about yesterday's incident. By saying why did I lie? Because "Officer Rose" made a False report stated I told him I didn't take any of the Medicine!!!! (But I wasn't given a write-up for Lying to staff Nor did he omit to say he told me to keep my mouth shut if I wanted to stay in (RDAP).

Allan told me that my DTS would need to talk to me and more than likely I'd be teamed next Tuesday! So not only is my health threatened. Now because of their mistakes and mishandling I stand a chance to be kicked out of RDAP. Because of a false statement about what I said, regarding me taking the medicine!

But I was ask by the unit officer Carroll when I returned earlier if I had taken the meds. and I informed him that I had!

Meds. taken;	Metopropiol Tartrate	50MG Tab
	Lisinopril	20MG Tab
	Atrovastatin	10MG Tab
	AM Lodlpine	5MG Tab

Sincerely,

Cornelius Mayfield
55961-039
FCI Beckley
PO Box 350
Beaver, WV 25813

IV. Statement of Claim (continued):

DATE and TIME of Incident: Date: 5-9-19

TIME: From 10:00 AM to 12:00 pm From 1:00pm 3:00pm

DATES of Harassment And Retaliation

1-15-2020, 1-16-2020, 1-17-2020,

I AM ~~RE~~ Requesting The CCTV Footage And My Phone Recordings of These Dates (FOIA)

5-9-19, 5-10-19, 5-14-19, 1-15-20, 1-16-20, 1-17-20,
1-19-20

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want to Be Compensated in The Amount of 20,000,000 (Twenty million U.S.D.)

What I would Like to See Done, Is FCI Beckley Hire More Professional Personnel. So People Rights want Be Violated and So It want Occur Again in The near Future ..

V. Relief (continued)):

VII. Counsel

A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____ No

If so, state the name(s) and address(es) of each lawyer contacted:

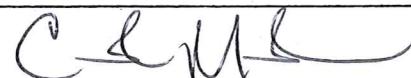
If not, state your reasons: _____

C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____ No

If so, state the lawyer's name and address:

Signed this 13th day of FebrUARY, 2020.



Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2-13-2020 C. M.
(Date)



Signature of Movant/Plaintiff

Signature of Attorney
(if any)